

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>May</i>		3/4/0
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		59158	9-15-02

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	2/17/02
2	✓	✓	2/17/02
3	✓	✓	2/17/02
4	✓	✓	2/17/02
5	✓	✓	2/17/02
6	✓	✓	2/17/02
7	✓	✓	2/17/02
8	✓	✓	2/17/02
9	✓	✓	2/17/02
10	✓	✓	2/17/02
11	✓	✓	2/17/02
12	✓	✓	2/17/02
13	✓	✓	2/17/02
14	✓	✓	2/17/02
15	✓	✓	2/17/02
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25	✓	✓	2/17/02
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29	✓	✓	2/17/02
30	✓	✓	2/17/02
31	✓	✓	2/17/02
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42	✓	✓	2/17/02
43	✓	✓	2/17/02
44	✓	✓	2/17/02
45	✓	✓	2/17/02
46	✓	✓	2/17/02
47	✓	✓	2/17/02
48	✓	✓	2/17/02
49	✓	✓	2/17/02

Claim	Final	Original	Date
51	✓	✓	2/17/02
52	✓	✓	2/17/02
53	✓	✓	2/17/02
54	✓	✓	2/17/02
55	✓	✓	2/17/02
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66	✓	✓	2/17/02
67	✓	✓	2/17/02
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69	✓	✓	2/17/02
70	✓	✓	2/17/02
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77	✓	✓	2/17/02
78	✓	✓	2/17/02
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80	✓	✓	2/17/02
81	✓	✓	2/17/02
82	✓	✓	2/17/02
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85	✓	✓	2/17/02
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88	✓	✓	2/17/02
89	✓	✓	2/17/02
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98	✓	✓	2/17/02
99	✓	✓	2/17/02
100	✓	✓	2/17/02

Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions
staple additional sheet here

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